

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re:

MICHAEL VINCENT TAYLOR
MICHELLE LYNN TAYLOR
Debtor(s)

Case No. 15-50120

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Herbert L. Beskin, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 02/16/2015.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was converted on 08/11/2015.
- 6) Number of months from filing to last payment: 6.
- 7) Number of months case was pending: 7.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$14,413.31.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have not cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$2,630.76
Less amount refunded to debtor	\$1,982.12

NET RECEIPTS: **\$648.64**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$0.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$148.64
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$148.64**

Attorney fees paid and disclosed by debtor: \$265.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AARON RENTS, INC.	Secured	5,399.55	NA	NA	0.00	0.00
AARON RENTS, INC.	Secured	550.00	NA	NA	0.00	0.00
AMERICAN INFOSOURCE LP AS AG	Unsecured	178.42	267.66	267.66	0.00	0.00
AMERIGAS	Unsecured	310.65	NA	NA	0.00	0.00
AUGUSTA EMERGENCY PHYSICIANS	Unsecured	303.00	NA	NA	0.00	0.00
AUGUSTA HEALTH CARE, INC	Unsecured	21.26	NA	NA	0.00	0.00
AUGUSTA HEALTH CARE, INC	Unsecured	9,216.56	NA	NA	0.00	0.00
AUGUSTA HEALTH CARE, INC	Unsecured	35.00	NA	NA	0.00	0.00
AUGUSTA HEALTH CARE, INC	Unsecured	318.42	NA	NA	0.00	0.00
AUGUSTA HEALTH CARE, INC	Unsecured	27.99	NA	NA	0.00	0.00
AUGUSTA HEALTH CARE, INC	Unsecured	27.99	NA	NA	0.00	0.00
AUGUSTA HEALTH CARE, INC	Unsecured	833.07	NA	NA	0.00	0.00
AUGUSTA HEALTH CARE, INC	Unsecured	466.10	NA	NA	0.00	0.00
AUGUSTA HEALTH CARE, INC	Unsecured	189.57	NA	NA	0.00	0.00
AUGUSTA MEDICAL CENTER	Unsecured	25,206.18	28,156.11	28,156.11	0.00	0.00
AUGUSTA MEDICAL CENTER	Unsecured	80.50	NA	NA	0.00	0.00
BB&T	Unsecured	6,099.63	5,770.34	5,770.34	0.00	0.00
BENEFICIAL	Unsecured	1.00	NA	NA	0.00	0.00
BLUE RIDGE DERMATOLOGY	Unsecured	44.00	NA	NA	0.00	0.00
BLUE RIDGE FOOT & ANKLE CLINIC	Unsecured	648.22	NA	NA	0.00	0.00
BLUE RIDGE NEUROLOGICAL	Unsecured	150.70	NA	NA	0.00	0.00
BLUE RIDGE PATHOLOGIST	Unsecured	1.00	NA	NA	0.00	0.00
BLUE RIDGE RADIOLOGIST	Unsecured	29.00	NA	NA	0.00	0.00
BLUE RIDGE RADIOLOGIST	Unsecured	283.00	NA	NA	0.00	0.00
BLUE RIDGE RADIOLOGIST	Unsecured	210.00	NA	NA	0.00	0.00
BUCK MASTER	Unsecured	420.00	NA	NA	0.00	0.00
CARE HOME MEDICAL	Unsecured	26.00	NA	NA	0.00	0.00
CARILION CLINIC	Unsecured	98.54	NA	NA	0.00	0.00
CARILION CLINIC	Unsecured	138.00	NA	NA	0.00	0.00
CHARLES R. PAULY, MD, PC	Unsecured	44.00	NA	NA	0.00	0.00
CHARLOTTESVILLE GASTROENTERO	Unsecured	802.15	830.60	830.60	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
DIRECTV	Unsecured	1.00	NA	NA	0.00	0.00
EDWARD F. EISENBERG, MD	Unsecured	171.60	NA	NA	0.00	0.00
EMERGICARE OF WAYNESBORO	Unsecured	168.00	NA	NA	0.00	0.00
GATEWAY ONE LENDING & FINANC	Secured	13,135.64	12,831.71	12,748.62	0.00	0.00
GATEWAY ONE LENDING & FINANC	Secured	1,000.00	1,000.00	1,000.00	500.00	0.00
LAB CORPORATION OF AMERICA HC	Unsecured	71.12	NA	NA	0.00	0.00
MARTHA JEFFERSON HOSPITAL	Unsecured	510.82	NA	NA	0.00	0.00
OB-GYN ASSOC. WOMENS HEALTH	Unsecured	249.33	NA	NA	0.00	0.00
OCEAN BEACH CLUB LLC D/B/A GOI	Unsecured	5,256.69	5,256.69	5,256.69	0.00	0.00
ORTHOPEDIC ASSOCIATES, LTD.	Unsecured	520.57	NA	NA	0.00	0.00
PEMBERTON EYE	Unsecured	1.00	NA	NA	0.00	0.00
PORTFOLIO RECOVERY ASSOCIATES	Unsecured	202.17	202.17	202.17	0.00	0.00
RENT A BUILDING	Secured	3,173.69	NA	NA	0.00	0.00
ROCKINGHAM MEMORIAL HOSPITA	Unsecured	100.03	NA	NA	0.00	0.00
SHENANDOAH EMERGENCY MEDIC	Unsecured	40.00	NA	NA	0.00	0.00
SHENANDOAH PSYCHIATRIC MEDIC	Unsecured	180.00	NA	NA	0.00	0.00
SHENANDOAH VALLEY SURGICAL A	Unsecured	596.94	NA	NA	0.00	0.00
SOLSTAS LAB PARTNERS	Unsecured	49.00	NA	NA	0.00	0.00
THE MOBILE MECHANIC	Unsecured	440.82	NA	NA	0.00	0.00
UVA MEDICAL CENTER	Unsecured	2,455.10	6,857.62	6,857.62	0.00	0.00
UVA MEDICAL CENTER	Unsecured	828.00	NA	NA	0.00	0.00
UVA PHYSICIANS	Unsecured	227.00	NA	NA	0.00	0.00
VALLEY TERMITE & PEST CONTROL	Unsecured	142.57	NA	NA	0.00	0.00
VERIZON WIRELESS	Priority	NA	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$13,748.62	\$500.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$13,748.62	\$500.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$47,341.19	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$148.64</u>
Disbursements to Creditors	<u>\$500.00</u>

TOTAL DISBURSEMENTS : **\$648.64**

12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 09/18/2015

By: /s/ Herbert L. Beskin

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.